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ABSTRACT

The paper looks at the development of a play group for autistic children with descriptions of the autistic population, the daily program, the program's philosophy, the play group model, and actual lessons. Children, who ranged in age from 5 to 9 years, often chose activities which were self-stimulating and/or repetitive. The daily program included daily motor, lunch, and recess periods to offer a chance to mainstream the children into a group of multiply handicapped students; academics; and therapy and speech/language services on an individual or small group basis. The play group was designed to facilitate any positive social interactions, either verbal or nonverbal. Play-group design allowed the clinician to structure activities to accommodate the child's level of functioning. Toys were selected for a play group lesson with consideration of four features--realism, structure, responsiveness, and functional complexity. (A sample lesson plan for three therapy sessions is offered). At the end of the program year, children were demonstrating many modeled interactions not seen in the early stages of the play group. (SW)

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PLAYING WITH AUTISTIC CHILDREN

Presented by: Mary W. Casner & Susan F. Marks

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PLAYING WITH AUTISTIC CHILDREN

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C. Our definition of Play
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   The type of training

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PLAYING WITH AUTISTIC CHILDREN

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This paper is a description of the development of a play group for autistic children. Included are descriptions of the autistic population and their daily program, our basic philosophy, the play group model and actual lessons.

Because most of the recent literature on language development and disorders emphasizes the interaction of social, as well as cognitive and linguistic factors in language learning, the authors chose a play group as the medium to provide language stimulation and training. In addition to the social setting, the play group model provided several variables which could help facilitate communication among these autistic children. Given the striking communication problems evidenced in these children, it seemed they might interact more easily in a play situation than in a rigid classroom or therapy setting. A play group could provide opportunities for each child to interact at his own level of comfort. With eleven children and two adults in our large group activities the levels of interaction as well as the opportunities for interaction were plentiful.

There was one additional reason for choosing the playing group format. Due to the children's daily schedule (which will be described more fully at a later point), speech and language services were necessarily episodic and ancillary. The authors believed that in a play group the children would develop skills which would be more easily generalized to free time and/or at home social periods.

The first description of the behavior of the autistic child (Kanner 1943), included delayed language and language abnormalities such as immediate and delayed echolalia and pronomial problems. Since then, communication problems of autistic children have consistently been mentioned when behavior deficits are described. However, etiology, diagnosis and treatment remain areas of great controversy. Recent research emphasizes language and communication deficits as the central problem of autism (Prizant, Rutter). It was around this research that the play-group was designed. The autistic children with the program had a wide range of speech, language and communication problems. Even the child with the most fluent speech patterns and correct linguistic structures had severe communication problems.

Our children ranged in age from 5 to 9 years. Some spoke in linguistically and phonemically correct seven- and eight-word sentences; one used only a few speech sounds along with some grunts and gestures. The child who demonstrated the most social and communicative behaviors was also 75% unintelligible. Cognitive functioning ranged from moderately retarded to above average. At the beginning, some children responded to adult stimulation, but few, if any, appropriate peer interactions were achieved. When allowed free time, the children most often chose activities which were self-stimulating and/or repetitive. If interactions occured, they were in the form of squabbles to determine ownership of a toy or a space.

For most of the day, the children were grouped in two separate classrooms. The groupings were determined by considering the children's cognitive functioning, behavior characteristics and age. In retrospect however, the most salient feature of the division was the child's verbal ability, with one classroom having those children who were most verbal and the other those who were less verbal. For the most part, the children's verbal ability corresponded positively with their cognitive functioning, although there were some exceptions. The children's verbal ability did not correspond directly to their communicative ability. During the children's math and classroom language arts periods, some re-grouping of the children took place.

Daily motor, lunch and recess periods provided the children a chance to be mainstreamed into a population of multiply handicapped special education students. Occupational therapy, physical therapy, speech/language services were provided to individuals or small groups of children throughout the week.

The children's schedules provided times for academic work as well as training self-help skills. Academics included math or concept development, and reading or language arts. These areas were generally taught through drill with materials for the session including both the Distar Language and Math programs. Self-help skills were taught in sequenced steps taken from staff-developed task analysis flow charts. Performance in both academic and self-help skills was counted and charted to determine progress. Anti-social behaviors were identified so behavior management techniques to facilitate extinction of these behaviors could be instituted. Both positive reinforcement and punishment was used to decrease undesirable behavior. Put simply, the overall program was behaviorally oriented.

OUR DEFINITION OF PLAY

Play is a word that seems to elude definition--yet all feel they know what it is. For this play group, the pragmatic/interactive side of play was studied. Because earliest play takes the form of social rituals (i.e., a mother playing with her child might say, "Say Mommy"), interactions on a very low level were accepted as play. These very early rituals lay the groundwork for establishing turn-taking, sharing and then team work. An attempt was made to incorporate the ideas expressd by Doctors Kirschenblatt-Gimblett and Garvey in Johnson and Johnson's Pediatric Round Table:3, when the planning for the play group. The doctors suggested routines took on a playful quality when:

1. There was mutual involvement or it was a shared activity.

2. There were alternating turns, usually accompanied by some sort of "turn" signals.

3. There were repetitions of the entire interactions; a succession of turns.

4. There was non-literality or more than a literal meaning to the act. For example, rolling a ball was not an act performed for itself, there was an intended reaction--the return of the ball. It was a way for an interaction with another person.

Considering these four features of play, development of the training model was begun.

It was found that the follcwing questions had to be answered before actual lessons were planned:

- What did we want to accomplish?
- Who should participate?
- How could we best include the teaching/aide staff?
- What physical surroundings were best?
- What type of interactions did we want to establish?
- What rules, if any, were necessary for the group?

Teacher/Aide Staff - It was asked that one or two staff members be present to observe techniques and to perform behavior protocols when necessary.

For this group the goal, simply stated, was to facilitate any positive social interations, either verbal or nonverbal. Some of the key guidelines necessary for maximum effectiveness with this population included:

Physical Set Up - Any place in the school or on the school grounds was acceptable. The area had to be structured before the session to exclude miscellaneous toys and as many distractors as possible.

The Rules - No child was forced to participate but they did have to remain in the designated area. They were not permitted to play with any objects other than those provided by the therapists.

The Participants - All the children in both classes and two therapists were included. The children were to remain in the group unless physically endangering themselves or others. They could also be removed from the group by one of the autism staff members should the child not comply with his individual behavior protocol.

TYPE OF TRAINING

The lessons were not to contain any form of rigid or drill therapy. Within this framework, each child was helped to build cognitive schemas for interacting at his own level of functioning. The play-group design allowed the clinician to easily structure the activity to accomodate for individual differences in ability to interact and communicate. The following is a list of some of the ways in which the individual autistic children were encouraged to interact:

1. Watching the group
2. Sitting or standing with the group
3. Imitating social rituals
4. Receiving an object or toy from an adult or peer
5. Handing an object or toy to an adult or peer
6. Commenting on one's own activity
7. Commenting on the activity of another
8. Relinquishing a turn by calling another child's name
9. Relinquishing a turn by instructing the next child's activity
10. Requesting a turn by raising hand
11. Requesting a turn by asking
12. Changing or manipulating one's own turn by requesting an object or action

13. Touching another child
14. Allowing someone to touch them
15. Initiating a new activity by demonstration for the group
16. Initiating a new activity by request

It should be noted that no positive social interaction was disallowed. Also, this list does not represent an order in which interactions were taught. Each day and each activity brought different responses from the children. It was up to the clinician to capitalize upon the situation and build from the point at which the child presented himself.

A major deficit for this group was their initiation of interactions. Most would respond at some level (not always appropriately, but nevertheless, there was a response). However, very few initiations were noted. Thus, it was the clinicians' task to move the child from a constant response mode and place him in a situation which demanded an initiation of communication or interaction. Looking back at the list of ways in which the autistic child might interact in the play-group, the clinician was primarily concerned with facilitating those interactions emanating from the self to the outside world, i.e., numbers 5,7,8,9,13,15 and 16.

Another facet of the program was to concentrate on developing and establishing peer relationships. It was often noted that a child more frequently interacted with the familiar adults than with his classmates. Thus, child to child interactions were more desirable than child to adult interactions.

SELECTION OF TOYS

Research shows that children under age 2 years have a difficult time engaging in play with highly unrealistic toys. Because most of the autistic children related to others in primitive ways, if at all, the toys used for the play-group were kept in the realistic realm. A second feature of toys, that is similar to realism, is their degree of structure. A structured toy is one that, by its very nature, implies specific ways in which it should be used. With more structured toys, less is required of the child. Examples of unstructured toys are clay, blocks and fingerpaint. Structured toys would include cars and housewares. Another feature of toys which needs to be considered is its responsiveness. A responsive toy can teach that behavior has consequences, a cause and effect relationship. When the child first comes in contact with a toy, an accidental move may elicit the response from the toy. Through experience, the child learns to purposefully manipulate the toy to elicit the desired response. Slowly the child sees he can control his environment. While responsive toys are desirable to help the child become aware of his ability to manipulate his environment, the toy

should not do so much that the child becomes passive. The battery-operated monkey that beats a drum is responsive--the child must turn it on--but after that, the child need not be involved with the toy again.

The fourth feature of toys to be noted is the toy's functional complexity. How many ways could the toy function appropriately? A ball would be a good example of a functionally complex toy--one may hit, throw, bounce, roll, kick, etc., a ball.

Summarizing, the four features of toys to be considered when planning a play-group lesson are:

1. Realism
2. Structure
3. Responsiveness
4. Functional complexity

An activity can be planned to augment or delete any of these features. For example, paint is an unstructured toy but through planning can be used in a structured way.

SAMPLE LESSON PLAN

Three Therapy Sessions

The lessons that follow were designed to help the children understand cause and effect as well as to facilitate interactions. The first lesson was presented two times. First, to those who were less verbal, then to the more verbal group. In the third session, the activity was varied somewhat to further establish the cause and effect relationship. Also, the two groups of children were combined so interactions could be modeled at different levels for all the children.

Day 1 - Group 1 (Verbally Restricted Children)

Toys - pull toys with different responses

Physical setup - classroom play area with only pull toys in reach

Desired Interactions

- watching group
- initiating peer or adult
- receiving or giving a toy
- raising hand to request a turn
- exchanging toys with peer

Children sit in a circle, toys are presented. Children are encouraged to request a toy by raising their hands. Those who don't request are given a toy if they will accept it. Toys must be used in appropriate ways. Children will be encouraged to "share" toys as they are willing or able to do so.

Day 2 - Group 2 (Verbal Children)

Toys and Physical Setup are the same

Desired Interactions

- watching group
- commenting onown or other's interactions
- relinquishing turn by calling on or instructing another
- requesting turn by asking
- initiating new activity by request

Activity is the same except children are encouraged to verbally interact. Therapist may model the interaction, specificially direct the interaction (i.e., "Renee, tell Buddy it is his turn", or, "Sean, tell Andy to pull the toy."), or prompt the interaction by asking questions such as, "What should Evi do?" or, "What do you want?"

Day 3 - Groups 1 and 2 Combined

Toys - small toys with different color yarn pull strings tied to them

Setting - kidney shaped table

Desired interactions - any of the above with an emphasis on verbal interactions.

Children now have some idea that pulling a string causes the toy to move. The yarn is first laid straight out from toys so children can pull the yarn on the toy that they want. After children are comfortable with this task, the yarn is crossed so the visual tracking is more difficult. Children may obtain the toy only by pulling the yarn.

QUESTIONS FROM OUR EXPERIENCE

Many questions arose from this experience which unfortunately time did not permit us to answer. The authors agree with Paccia and Curcio (1982) that echolalia is in fact an attempt on the part of an autistic child to communicate. However, ways in which echolalia could be used or manipulated to facilitate communication were not purposefully explored.

Another concern of the authors is the matter of participation. When do you try to include a child in the group and when do you try to get a child to respond in a more communicative way? The authors went by intuition and instinct when directing the children's activities, but wonder if there weren't specific cues that indicated a child's readiness to attempt new levels of interactions.

Observation of the autistic group in several different social settings away from school made the clinicians question how much risk could be taken in terms of real-life activities to enrich experiences at the same time avoiding social disaster.

OUR CONCLUSIONS

One cannot definitively credit the play group with the improvement noted in the children's communication and interaction skills. However, it can be said that the children did make gains. By the end of the year, all the children except two remained with the group with very little prompting. Every child had participated in a circle game on several occasions. This was a big improvement over a group of three (two clinicians and only one child), going around in circles the first time a circle game was attempted. One child began making statements about past lessons when in the presence of the clinicians. All children were able to pass and receive toys. Three children began asking for specific toys during lessons. Most of the children were more appropriate in terms of manipulating toys when in the group than when allowed to play on their own.

Communicative interactions which were so lacking in quantity and quality for these children that even these small gains were felt to be giant conquests. The children were demonstrating many modeled interactions at the end of the year which were not seen in the therapy setting in the early stages of the play group. Whether these gains were due to our efforts or not, progress was achieved.

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